

SEMI-ANNUAL LOBBYING EXPENDITURE REPORT FOR EMPLOYERS OF LOBBYISTS

INSTRUCTIONS: This Semi-Annual Lobbying Expenditure Report is for reporting all expenditures relating to lobbying in the State of Tennessee. Pursuant to T.C.A. § 3-6-303(a), this Report is due within forty-five (45) days after the conclusion of the six-month periods ending March 31 and September 30. The Report must be filled with the conclusion of the six-month periods ending March 31 and September 30. The Report must be filled with the conclusion of the six-month periods ending March 31 and September 30. The Report must be filled with the conclusion of the six-month periods ending March 31 and September 30. The Report must be filled with the conclusion of the six-month periods ending March 31 and September 30. The Report must be filled with the conclusion of the six-month periods ending March 31 and September 30. The Report must be filled with the conclusion of the six-month periods ending March 31 and September 30. The Report must be filled with the conclusion of the six-month periods ending March 31 and September 30. The Report must be filled with the conclusion of the six-month periods ending March 31 and September 30. The Report must be filled with the conclusion of the six-month periods ending March 31 and September 30. The Report must be filled with the conclusion of the six-month periods ending March 31 and September 30. The Report must be filled with the conclusion of the six-month periods ending March 31 and September 30. The Report must be filled with the conclusion of the six-month periods ending the six-month perio

	a, (DATE OF DISCLOSURE 5-14-260 /
ļ	b. 1	REPORTING PERIOD [check box]:
!	a.	NAME OF CORPORATION/ENTITY AON Risk Services
		NAME OF CEO, CFO, or TITLE AND NAME of PERSON RESPONSIBLE FOR SUPERVISING LOBBYISTS
Tom	Redel	, Senior Vice President
,	ш.	ADDRESS Street or Rural Route City State Zip Gode Kansas City, MO 64106
1000	Ö Waln	ut Street, 9th Floor RAIBAS CIty, 11
i. Insu		VING INTERESTS List the general subject area(s) lobbied, e.g., "healthcare," "insurance," etc. TennCare & Cover Tennessee: Workers' Compensation; Other
	b.	Describe the general nature and interest of the entity employing or retaining lobbying services; e.g. "Insurance company," "professional association," etc.
Ins	urance	and Risk Management

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TOTAL AGGREGATE LOBBYIST COMPENSATION. The term "compensation" is defined by T.C.A. § 3-6-301(7) as "... any salary, fee, payment, reimbursement or other valuable consideration, or any combination thereof. whether received or to be received; however, 'compensation' does not include the salary or reimbursement of an individual whose lobbying is incidental to that person's regular employment."

State the aggregate total amount of lobbyist compensation paid by the employer. For purposes of the disclosure, compensation paid to any lobbyist who performs duties for the employer in addition to lobbying and related activities shall be apportioned to reflect the lobbyist's time allocated for lobbying and related activities in this state (see activities shall be apportioned to renect the lobbylist's time allocated for lobbyling and related activities and exceptions thereto, in more detailed definitions of "Lobbyling," "Administrative Action" and "Legislative Action," and exceptions thereto, in T.C.A. § 3-6-301). Authority; T.C.A. § 3-6-303(a)(1)(A)-(K), (Check the appropriate box.)

T.C.A. § 3-6-301). Authority; T.C.A. § 3-6-303	(a)(1)(A)(1))
	☐ At least \$10,000 but less than \$25,000
XX Less than \$10,000	☐ At least \$50,000 but less than \$100,000
☐ At least \$25,000 but less than \$50,000	☐ At least \$150,000 but less than \$200,000
☐ At least \$100,000 but less than \$150,000	☐ At least \$250,000 but less than \$300,000
☐ At least \$200,000 but less than \$250,000	
☐ At least \$300,000 but less than \$350,000	☐ At least \$350,000 but less than \$400,000
# * * * * * dollar: (\$50 000);	, you must round the aggregate total to the nearest fifty
	s of the individual lobbyists who rendered services in the State of cover within your organization by checking the "In-House Lobbyist"
DOX. MILLON EDDINGS P. P. C.	IN-HOUSE LOBBYIST
LOBBYIST NAME Waveriy Cremshaw	
James Meaver	
Tom Redel	0
7. LOBBYING-RELATED EXPENDITURES	}
NOTE: For the purposes of this Report, affect shall be apportioned equally among t	any expenditure made for the purpose of achieving a multi-state hose states.
opinion or grassroots action in the State of relating to printing, publishing, advertising, bro	reported under 5), state the aggregate total of expenses paid directly by surpose of influencing legislative or administrative action through public Tennessee. These expenditures include, but are not limited to, costs adcasting, paid announcements, audiotapes, videotapes, compact discs, instrations, seminars, lectures, conferences, postage, telephone related ces, governmental relations services, polling services, travel expenses, trions or any other expense incurred lobbying. Authority: T.C.A. § 3-6-

☐ At least \$10,000 but less than \$25,000

☐ At least \$50,000 but less than \$100,000

☐ At least \$150,000 but less than \$200,000

☐ At least \$250,000 but less than \$300,000

☐ At least \$350,000 but less than \$400,000

☐ At least \$300,000 but less than \$350,000 ☐ If the aggregate total amount is \$400,000 or more, you must round the aggregate total to the nearest lifty thousand dollars (\$50,000):

(Less than \$10,000

303(a)(2)(A)-(K). (Check the appropriate box.)

☐ At least \$25,000 but less than \$50,000

At least \$100,000 but less than \$150,000

☐ At least \$200,000 but less than \$250,000

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8.	AGGREGATE TOTAL OF ALL IN-STATE EVENTS
State report	the aggregate total amount of all employer expenditures for all in-State event(s) which was or should have been ed to the Commission pursuant to T.C.A. § 3-6-305(b)(8). Authority: T.C.A. § 3-6-303(a)(3)-
الخبيرة المحم ي	#0
9.	TO BE SIGNED BY REPORTING OFFICIAL (must be attested to by a witness)
best o	I certify that the information contained in this Report is true and that it is a complete and accurate report to the of my knowledge, information and belief.
	5/8/20V7
Signa Print	Name of Person: Report C. RESEL
accu	I, the undersigned, acknowledge that I have reviewed the foregoing Report and certify that is complete an rate to the best of my knowledge, information and belief.
	- 9 du 5/8/2007
Sign: Print	Name of Person: / Upikks Person: Date
_,	the undersigned, do hereby witness the above signature of the CEO, (Printed Name of Witness) CFO or Authorized Representative, which was signed in my presence.
1	2/4/202
Sign	ature of Witness

